

**TRAINING AND EXPERIENCE
IN RADIATION WORK**

PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. Name First _____ Last _____Birth Date _____ Sex: ☐ M ☐ F Soc Sec # _____Institute/Department _____ Title/Position _____
Mail Stop _____

2. Principal Investigator/Laboratory _____ Phone _____

Supervisor _____

3. ☐ Do you have **Formal** Training in Radiation Safety? (*Explain*)a) *Principles and Practices of Radiation Protection:*

Where _____ When _____

Instructor _____ Duration _____

b) *Radioactivity measurement Standardization and Monitoring Techniques and Instruments:*

Where _____ When _____

Instructor _____ Duration _____

c) *Mathematics and Calculation of Radioactivity:*

Where _____ When _____

Instructor _____ Duration _____

d) *Biological Effects of Radiation:*

Where _____ When _____

Instructor _____ Duration _____

4. **Radiation Work** (*Describe briefly your current work with radiation*)

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5. Education (List Degrees, Major Subject, Emphasis, Date, and School)

6. Experience (List work experience with radiation)

Date Used	Location	Isotope	mCi/Month	Type of Research
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On-The-Job Training

This information is correct to the best of my knowledge. I agree to conform with the Rules and Regulations for Radiation Protection and WAGB-20 Radiation Safety policies.

Signature

Date

(Print Name) First

Last
